

PTO/SB/03 (04-05)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Request For Continued Examination (RCE) Transmittal</b>		Application Number	10/605,988-Conf. #2987
Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Filing Date	November 12, 2003
		First Named Inventor	Daniel J. Wilkinson
		Art Unit	3676
		Examiner Name	V. A. Patel
		Attorney Docket Number	60680-1765

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114		Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
<p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>			
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply      iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)      iv. <input type="checkbox"/> Other _____</p>			
2. Miscellaneous			
<p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>			
3. Fees			
<p>The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 18-0013. I have enclosed a duplicate copy of this sheet.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p>			
<p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature		Date	January 24, 2006
Name (Print/Type)	Steven R. Hansen	Registration No.	39,214

**Request for Continued Examination Transmittal**  
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: January 24, 2006

Signature:

  
(Stephanie A. Fresh)

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PTO/SB/17 (12-04v2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

*Effective on 12/08/2004.*  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

<b>FEE TRANSMITTAL</b>	
<b>For FY 2005</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$ ) 790.00

Complete If Known	
Application Number	10/605,988-Conf. #2987
Filing Date	November 12, 2003
First Named Inventor	Daniel J. Wilkinson
Examiner Name	V. A. Patel
Art Unit	3676
Attorney Docket No.	60680-1765

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 18-0013		Deposit Account Name: Rader, Fishman & Grauer PLLC
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17		<input type="checkbox"/> Credit any overpayments		

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims		Fee Paid (\$)		Multiple Dependent Claims	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)
16	- 20 =	x	=	_____	_____	50	25
2	- 3 =	x	=	_____	_____	200	100

Indep. Claims	Extra Claims		Fee Paid (\$)		Fee (\$)	Fee Paid (\$)	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)
2	- 3 =	x	=	_____	_____	360	180

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)
_____	- 100 =	/50	(round up to a whole number)	x	_____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) 790.00

**SUBMITTED BY**

Signature	<i>Stevens R. Hansen</i>	Registration No. (Attorney/Agent)	39,214	Telephone	(248) 593-3301
Name (Print/Type)	Steven R. Hansen	Date	January 24, 2006		

Fee Transmittal  
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: January 24, 2006

Signature: *Stephanie A. Fresh* (Stephanie A. Fresh)